

New Mexico Judicial Branch

Administrative Office of the Courts

2015 Open/Switch Enrollment FAQs

2015 Open/Switch Enrollment is administered by Erisa Administrative Services, Inc. (Erisa) the State's Third Party Administrator. ERISA provides benefits administration to plan participants of the Judicial, Executive and Legislative Branches of Government in addition to Local Public Bodies (LPBs). Erisa will answer enrollment questions on Medical, Pharmacy, Dental, and Vision. Domestic Partnership Coverage for Medical, Pharmacy, Dental, and Vision. Basic and Additional (Supplemental) and Dependent Life, Disability, and Flexible Spending Accounts.

Erisa's contact information:

Erisa Administrative Services, Inc.
1200 San Pedro NE
Albuquerque NM 87110-6726
Albuquerque (505)244-6000
Toll free: (855) 618-1800
E-mail: sonm@easitpa.com
Monday-Friday 8:00AM – 5:00PM
Website: <https://www.mybenefitsnm.com>

For questions related to deductibles, co-pays, etc. please contact the insurance carriers directly.

Benefit	Carrier	Phone
Medical	Blue Cross Blue Shield of NM	(877) 994-2583
	Presbyterian	(888) 275-7737
Prescription	Express Scripts	(800) 743-1720
Dental	Delta Dental	(877) 395-9420
Vision	Vision Service Plan (VSP)	(800) 877-7195
Flexible Spending Account	CompuSys/Erisa Group, Inc. Fax: (512) 597-4692 Email: nmflex@cserisa.com	(800) 933-7472
Employee Term (Basic) Additional (Supplemental) Life Accidental Death & Dismemberment (AD&D) And Dependent Life	The Standard Life Insurance Company	(888) 609-9763

Disability	CompuSys/Erisa Group, Inc.	(800) 933-7472
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1. When does the Open/Switch Enrollment Period Begin?
 - a. 11/10-11/26/2014

2. Are all employees required to re-enroll in State Benefit Plans this Open/Switch Enrollment?
 - a. Enrollment is optional.
 - b. If you are making changes or additions, such as add/drop/switch, **or re-enroll in the Flexible Spending Account** then you will be required to re-enroll in State Benefit Plans.
 - c. Employees who currently have NM Health Investment Plan (NMHIP) medical coverage must choose another medical plan during this enrollment period. **NMHIP will no longer be offered starting January 1, 2015.**

3. When will my changes made during this Open/Switch Enrollment take place?
 - a. Changes take effect January 1, 2015, which is the start of the new plan year (Jan-Dec 2015)
 - b. All deductibles & Out-of-Pocket amounts are reset.
 - c. January 9, 2015 is when you will first see payroll deductions for any new changes made.

4. What is “Open” during this Open/Switch Enrollment?

The Fall Open/Switch Enrollment is for the following benefits:

 - a. Three (3) Medical Plans: Presbyterian HMO, Blue Cross Blue Shield HMO, and Blue Cross Blue Shield PPO, Pharmacy, Dental and Vision.
 - b. If you had Lovelace HMO, you are now in Blue Cross Blue Shield of New Mexico HMO. This coverage will continue starting 1/1/2015 unless you go online during 11/10-11/26/14 and choose another medical plan.
 - c. Premium Only Plan: POP – Pre-tax premiums. Pre-tax automatically happens; employees must opt out if they want post-tax deductions.
 - d. Disability (Short & Long Term) – 100% of disability premium paid by employee post-tax so that if the employee should ever need to receive disability payments, payments will not be taxed.

- e. Flexible Spending Accounts (FSA) – enrollment occurs at the same time as other benefit enrollments: 11/10-11/26/14. There are NEW federal contribution amounts for 2015 calendar year.

5. How do I make changes or additions to my Benefits?

- a. Between 11/10-11/26/14 the easy online enrollment/change form will be available for you to complete & submit your benefit changes directly to Erisa. When you have completed the online enrollment form you will be directed to push the submit button.
- b. The link will not be activated November 10, 2014 (available on www.mybenefitsnm.com between 11/10/14-11/26/14).

6. If I submit my paperwork online, who will have copies of my paperwork if I need them?

- a. Unless you remember to print a copy before you hit submit online at the Erisa website, only Erisa will have the copy of your paperwork.
- b. Print your paperwork before you hit submit and **give a copy to AOC HRD or your HR Department** to place in your employee personnel file.
- c. You will submit your original life insurance beneficiary designation form to AOC HRD and not Erisa for placement in your employee personnel file.

7. How will I know if I have been charged the correct insurance premiums and payroll deductions for my insurance changes?

- a. When you receive your pay advice look in the “Before-Tax Deductions” box (unless you opted out of POP). You can verify the premiums charged in this box on your pay advice against the insurance premium schedule for FY15.
- b. You can also contact AOC HRD or your HR Department and after providing them a copy of the print out of your benefit changes ask them to help you verify that your payroll deductions are accurate.

8. What is different about the FY15 Bi-weekly contribution schedule effective in January?

- a. If you cover child(ren) but not a spouse/domestic partner, there is a new premium rate group: “Employee Plus Child/Children” which is less expensive than the “Family” rate group.
- b. You will automatically be transferred to the new premium rate group. You do not need to re-enroll.

- c. If you have “Employee Plus Child” coverage, you will now be in the premium rate group: “Employee Plus Child/Children”. Medical, Dental, and Vision premiums will be higher based on election and salary. Follow links for bi-weekly contribution schedules

<https://www.mybenefitsnm.com/Documents/FY15%20State%201.1.15-6.30.15.pdf>

<https://www.mybenefitsnm.com/Documents/FY15%20State%207.1.14-12.31.14.pdf>

9. How do I calculate the bi-weekly premiums for a Domestic Partner and/or Domestic Partner children?

- a. You must use both of the Bi-Weekly Contribution Schedules.
- b. To determine the total cost of adding a Domestic Partner Adult Only:
 - take the Bi-weekly Contribution cost for Employee Coverage of the provider you are selecting (for example BCBS – PPO for employees earning less than \$50k = \$50.27) and add it to the Domestic Partner Adult Only Bi-weekly Contribution cost to the same provider (for example, BCBS less than \$50k = \$62.85 so the total cost is \$113.12).
- c. To determine the total cost of adding your Domestic Partner’s Child Only:
 - take the Bi-weekly Contribution cost for Employee Coverage of the provider you are selecting (for example BCBS – PPO for employees earning less than \$50k = \$50.27) and add it to the Domestic Partner Child Only Bi-weekly Contribution cost to the same provider (for example, BCBS less than \$50k = \$20.11 so the total cost is \$70.38).
- d. To determine the total cost of adding your Domestic Partner Combined with Employee Plus Child (if the child is the Employees):
 - take the Bi-weekly Contribution cost for Employee Plus Child Coverage of the provider you are selecting (for example BCBS – PPO for employees earning less than \$50k = \$90.49) and add it to the Domestic Partner Combined with Employee Plus Child Bi-weekly Contribution cost to the same provider (for example, BCBS less than \$50k = \$62.85 so the total cost is \$153.34).
- e. To determine the total cost of adding your Domestic Partner Plus Multiple Dependents (if both the Employee and Domestic Partner have children):

- take the Bi-weekly Contribution cost for Employee Coverage of the provider you are selecting (for example BCBS – PPO for employees earning less than \$50k = \$50.27) and add it to the Domestic Partner Plus Multiple Dependents Bi-weekly Contribution cost to the same provider (for example, BCBS less than \$50k = \$98.04 so the total cost is \$148.31).

10. What do I need to do if I am adding a new dependent?

- If adding a new dependent, proof of dependency for new dependents **must be faxed to ERISA, 505-244-6009**, on the **same day** as you submit your online enrollment form.
- Proof of dependency includes: marriage certificates, domestic partner affidavits, court approved documents, and birth certificates.
- Coverage will not be added without proof of dependency.

11. What forms are considered “Proof of Dependents”?

Relationship	Required Documentation
Spouse	Marriage Certificate
Domestic Partner	Domestic Partner Affidavit
Natural Born Children	*Birth Certificate
Step Children	Birth Certificate with either mother’s or father’s name on it along with Marriage Certificate
Adopted Children	Court Approved Adoption Papers
Legal Guardianship	Court Approved Guardianship Papers

12. Are birth notices/proof of birth (documents completed by hospital or midwife, etc.) acceptable documentation as substitutes for birth certificates?

- Yes, if the employee covering the dependent child is listed on the birth notice. If they do not appear on the notice, and they are providing coverage for the dependent child, additional documentation is required such as Proof of Paternity/Maternity, or a Court Order. The Proof of Paternity/Maternity form can be found at <http://vitalrecordsnm.org>.

13. Can I still call AOC HRD with benefit questions?

- Yes, you can call AOC HRD for general benefit questions such as insurance premium rates, etc.

- b. AOC HRD will manage employees FMLA and LWOP, which could include collecting insurance premium payments from an employee if leave hours are not sufficient to cover premium costs.
- c. AOC HRD will process all life insurance claim forms.
- d. Employees should contact Erisa for other questions on their benefits.

14. Are the rates going up - is there an increase in premiums?

- a. No change in premiums through June 2015.
- b. Medical premiums ONLY will have a 3% increase on July 1, 2015. This increase is shared between employees & the State.
- c. Deductibles have been decreased for all medical plans. Both Presbyterian and BCBS HMO plans deductibles have decreased to \$325 for employee only, \$650 for two person coverage; and \$975 for family. For BCBS PPO plan deductibles have decreased to \$500 for employee only, \$1,000 for two person coverage, and \$1,500 for family.
- d. Medical and pharmacy Out-Of-Pocket (OOP) costs will now be combined, which will help you more quickly reach the same maximum medical OOP amount as last year.
- e. There is no longer a \$1,500 Specialty Drug OOP maximum – payments on Specialties will go toward the combined medical/pharmacy OOP maximum.
- f. Specialty Drug co-pay has been decreased from \$150 to \$75 per prescription.

15. Is there a website where we can learn more about our benefits?

- a. The website to learn more about your benefits is ERISA at <https://www.mybenefitsnm.com>
- b. Recorded webinar presentations are available for viewing at any time.
- c. The ERISA website contains:
 - Open/Switch Enrollment including Videos by Providers
 - Benefit information
 - Carrier information and plan details
 - Benefit forms and notices
 - Information on healthcare reform
 - Fall enrollment information
 - Current news
 - Helpful links to Insurance Providers, etc.
 - Erisa and Provider Contact information

- Wellness Program information
- Information on healthcare reform

16. Is it open enrollment for a Flexible Spending Account or FSA?

- a. Yes.

17. What is an FSA?

- a. An FSA is a healthcare flexible spending account.
- b. An FSA is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible expenses.
- c. MEDICAL FSA - you may contribute up to \$2550 annually.
- d. DEPENDENT CARE FSA – you may contribute up to \$5000 annually per family.

18. What is the Qualified Transportation Benefit Plan?

- a. It is an employer sponsored benefit similar to an FSA that allows you to set aside pre-tax dollars to pay for commuting costs.
- b. For the 2015 plan year you may elect a pre-tax deduction of up to \$130.00 a month for commuter transportation/transit passes and up to \$250.00 for qualified parking.
- c. The combined benefit maximum is \$380.00 a month.

19. How do I enroll in a Flexible Spending Account for calendar year 2015?

- a. Between 11/10-11/26/2014 there will be an online enrollment for you to complete and submit directly to ERISA. When you have completed the online form you will be directed to push the submit button.
- b. The link will be activated November 10, 2014 (available on www.nmflex.com between 11/10-11/26/2014).
- c. Employees can also download enrollment forms and directly fax to 1-512-597-5462 or email to nmflex@cserisa.com. Forms are available at www.mybenefitsnm.com.
- d. For any questions regarding Flexible Spending Accounts please call 1-800-933-7472.

20. What do I do if I am switching medical carriers and I am currently receiving care for a specified medical condition?

- a. Fill out proper forms from carriers to ensure **transition of care**.
- b. For additional information call your new Medical Group Health Plan.

21. When is my child no longer eligible for State Benefit Plan coverage?

- a. Your child can be covered up to the age of 26.
- b. Beginning January 2015, dependents turning 26 years of age will be covered through the end of the month in which they turn 26 (instead of their coverage ending on their birthday).
- c. Reminder – to continue coverage of disabled dependents beyond their 26th birthday, you must complete & submit disabled dependent forms for medical and life coverage (found on www.mybenefitsnm.com)

22. Can I cover my married dependent child who is under the age of 26?

- a. Yes. The Healthcare Reform Act of 2011, allows you to continue to cover your dependent children up to the age of 26.
- b. On your child's 26th birthday, all coverages will automatically terminate the end of the month in which they turn 26 years of age. Dependents of your married child, i.e., spouse and his or her children are not eligible to be covered.

23. My dependent children live out of state. Can I still cover them on my State Benefit Plan?

- a. Yes. There is no requirement that dependents must be NM state residents, and you may cover your children up to age 26 on your State Benefit Plan regardless of where they live.

24. What is the 31-day eligibility period?

- a. An eligibility period is the time frame when an employee is eligible to enroll in State Benefit Plans.
- b. This time frame is 31 days from the date of hire or date of the qualifying event or change in status.

25. What is a qualifying event or change of status?

- a. A qualifying event or change of status may include the following:
 - i. Change in job status of spouse (reduction of hours or termination) resulting in loss of coverage or gain of other coverage from new employment.
 - ii. Marriage or change in marital status, such as divorce or legal separation, resulting in loss of coverage. This includes satisfying requirements for Domestic Partnership eligibility.

- iii. Death of the employee, death of spouse or eligible dependent, resulting in loss of coverage.
- iv. Birth of a child, a court approved adoption or legal guardianship.
- v. An event resulting in loss of coverage.
- b. If you believe you have had a qualifying event or change in status contact Erisa and AOC HR.
- c. A voluntary economic decision to move coverage from one employee to another is no longer considered a qualifying event. This change will have to occur during open/switch enrollment.
- d. Dependent children between the ages of 3 and 5 are no longer allowed to enroll in dental and vision without a qualifying event. This change will have to occur during open/switch enrollment.

26. What is a deductible?

- a. A fixed dollar amount that the employee must meet during the benefit plan year.

27. What does the “Lifetime Maximum” mean?

- a. The Lifetime Maximum is the maximum benefits available to a member during his or her lifetime, which all benefits furnished are subject to this maximum unless stated as unlimited.

LIFE INSURANCE & DISABILITY FAQS

www.standard.com/mybenefits/newmexico_rmd.

28. How much will I pay for the Basic Life and AD&D Insurance premiums?

- a. Zero. The State of NM has been paying 100% of the basic life and AD&D insurance premium since July 1, 2013.

29. What is the coverage amount for the Basic Life and AD&D Insurance?

- a. Basic life insurance is offered to the employee only. The coverage amount is \$50,000 for Basic Life and \$50,000 for Accidental Death.

30. What if I want more than \$50,000 in life insurance coverage?

- a. The Standard Life Insurance Company offers Additional (supplemental) Life Insurance.

- b. The additional coverage amount is the choice of Level 1, 2, 3, 4, or 5 times the employee's annual earnings.
- c. The maximum benefit coverage allowed is \$400,000.
- d. Enrollment or changes to Additional (supplemental) Life can be made at anytime.

31. How do I increase my Additional (supplemental) Life insurance and how many levels may I increase it?

- a. Current employees may increase their Additional (supplemental) Life Insurance after completing an Evidence of Insurability or EOI. You can request up to Level 5 and once you are approved your insurance Level will increase. You will receive a letter from Standard Life Insurance stating your approval.
- b. New employees may elect up to Level 3 or \$400k cap coverage so long as they make their election within 31 days of hire. New employees may elect Level 4 or 5 after completing an EOI.

32. Can I list more than one person on the Standard Life Insurance Company Beneficiary Designation/Change Form?

- a. Yes. If you name two or more persons as beneficiaries (primary or contingent), payment will be made in equal shares to the beneficiaries unless you specify an amount or percentage for different beneficiaries. If you specify percentages to be paid to beneficiaries, the percentages must total 100%.

33. On the Standard Life Insurance Company Beneficiary Designation/Change Form, there is a section for Primary and Contingent. What is the difference between primary and contingent?

- a. In the event of an employee's death, the death benefits will be paid first to your primary beneficiary(ies). If a primary beneficiary dies before you, your death benefit will be divided among the primary beneficiary(ies) still living. Contingent beneficiary(ies) will receive benefits only if no primary beneficiary(ies) survives you.

34. What is AD&D?

- a. AD&D is Accidental Death and Dismemberment. AD&D may provide an additional amount in the event of a covered death or dismemberment as a result of an accident. An employee is automatically enrolled in the AD&D if

enrolled in the Basic Life Insurance and Additional (supplemental) Life Insurance.

35. How much will I pay for the Disability premiums?

- a. Employees have been paying 100% of the disability premiums since July 1, 2013.

36. Are judges eligible to participate in the Disability Plan?

- a. No.

37. What is the Disability Plan and what does it cover?

- a. If an employee has a sickness or non-work-related injury and cannot work they may be eligible should they meet the required criteria. The disability plan is comprised of two benefits, Short Term and Long Term.

38. What is the required criterion to apply for Disability?

- a. An employee must be paying disability premiums for one year to be eligible to apply.

39. What is the Short Term Disability Plan?

- a. Eligible employees receive 60% of weekly wages for a maximum of 24 weeks, after a 28-day waiting period.

40. What is the Long Term Disability Plan?

- a. Eligible employees receive 40% of monthly earnings to a maximum of \$2,000 per month, for a maximum of two years.

41. What is the State's new Wellness Program?

- a. Free confidential Preventative Health Checkups for employees, their spouse/domestic partners who have medical coverage with the State's Group Benefits Plan.
- b. Health Checkups are offered at or near your workplace.
- c. You can participate on work time (please coordinate with your supervisor).
- d. Upon completion you receive a \$25 VISA gift card.
- e. Health Checkups are available once a year.

f. For schedules/locations visit www.mybenefitsnm.com/wellnessprogram.htm.

Attachments:

1. Bi-weekly Contribution Schedules ~ January 1, 2015 – June 30, 2015
 - Employees
 - Domestic Partners
2. Flexible Spending Account FAQs